## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

AME OF FILER (LAST) (FIRST)			(MIDDLE)	
CARLTON	EDUEND		MAYS	c/ 23
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)		$\mathcal{O}$	,	17
Division, Board, Department, District, if applica	EPARTMENT OF	ONSERVATI	Ters	
DIVISION, BOARD, DEPARTMENT, DISTRICT, IT APPRICE				THE CHAINET
► If filing for multiple positions, list below or o			AVI. IN EER.	e to the second
I filling for multiple positions, list below or c	on an attachment. (Do not use actory)	nsj		
Agency:		Position:		
2. Jurisdiction of Office (Check at lease	st one box)			
State	<u> </u>	Judge or Court Commiss	sioner (Statewide Jurisdicti	ion)
Multi-County		County of		
City of		Other		***
7. Towns of Chatemant in				
3. Type of Statement (Check at least of	·	Laguing Office: Data	o# / /	
Annual: The period covered is January December 31, 2017.	1, 2017, through	(Check one)	.eft/	
-or- The period covered is <u>12</u> 1.	<u>31,2019</u> , through		is January 1, 2017, throug	gh the date of
December 31, 2017.		leaving office.		
Assuming Office: Date assumed		The period covered the date of leaving of the date.	is// office.	, through
Candidate: Date of Election	and office sought, if differe	_		
<ol> <li>Schedule Summary (must comp Schedules attached</li> </ol>	lete) ► Total number of pag	es including this co	over page:	
Schedule A-1 - Investments – schedu Schedule A-2 - Investments – schedu		ıle C - Income, Loans, & ıle D - Income – Gifts –	Business Positions – sch	edule attached
Schedule B - Real Property - schedu	<b>—</b>		Travel Payments – schedu	ile attached
-or-				
■ None - No reportable interests or	n any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu	CITY ument)	STA	TE ZIP CODE	1000
3780 Kiroy	Airport Way	Long Bla	ch CA 7	0806
(714)699-0652	EMAIL AE	iouson. Car	I for a course	wation can
I have used all reasonable diligence in preparir	ng this statement. I have reviewed the	statement and to the best	of my knowledge the infor	mation contained
herein and in any attached schedules is true a				
I certify under penalty of perjury under the	laws of the State of California that the	he foregoing is true and	d correct.	
Date Signed 3/28/2019	Signature .	Hyrre	15/1	
(month, day, year)		File the originally s	igned statement with your filing officia	ol.)